

Summer
Edition
2017



Inside this issue:

From the Desk of the Executive Director	1
Sustainability	3
Grievance Focused Audit	4
National Healthcare Safety Network (NHSN)	5
Goals for Clinical and Safety Performance Measures	6
Patient Experience of Care – Bringing Voice to the ICH CAHPS Survey	7
Patient Engagement Activities within the Bloodstream Infection QIA	9
Vascular Access	11
CMS Releases Dialysis Facility Compare	14
CROWNWeb - Patient Address Data Entry	16
EMResource	19
Annual Disaster Plan	22
Network Contacts	23

The Lone Star Bulletin

Summer 2017

From the Desk of the Executive Director

The Network office relocated on April, 21, 2017. Our phones and faxes did not change. Our new address is 4099 McEwen Rd. Suite 820 Dallas, TX 75244. In preparation for the move, old files were purged and since I am retiring in September, I have been sorting and purging almost 29 years of records. It has been a nostalgic trip down the Network 14 memory lane as I review some of our first large QI initiatives, the beginning and revisions of the State Licensure Rules, and the evaluation of achieved and expected clinical outcomes. Much has changed and much has been improved for our patients; however, we are still challenged by vascular access (VA), including VA at start (69% with catheter) and the Long Term Catheter rate (14% January 2017). The AVF rate was 62.5% in December 2016 which is a great improvement from less than 30% when the “Worst to First” QI project was launched and Texas had the lowest AVF rate the highest AVG rate in the nation. Another area is Vaccination with the Network average HBV rate of 65% (35% unvaccinated) and a Pneumonia vaccine rate of only 37% (63% unvaccinated) according to CROWNWeb data. Nationally and locally as we move ahead into a focus on patient reported outcomes and Patient -Family Centered Care we find there is still much work to do. We have only to look at the KDQOL, ICH-CAHPS, and depression screening results to find areas for improvement efforts. Below are the Spring 2016 poorest scored questions for Network 14 in ICH-CAHPS with comparisons to national. Review your scores in your next QAPI meeting against the Network and national averages, choose the lowest 4 and get started on improvements. The Network is here to assist!

From the Desk of the Executive Director

Continued from page 1

Spring 2016 poorest scored questions for Network 14 in ICH-CAHPS.

Question	Network 14	National
6. In the last 3 months, how often did your kidney doctors spend enough time with you?	25.98%	24.42%
18. In the last 3 months, has anyone on the dialysis center staff asked you about how your kidney disease affects other parts of your life?	37.78%	38.59%
23. In the last 3 months, did any problems occur during your dialysis?	27.41%	30.42%
33. In the last 3 months, when you arrived on time, how often did your get put on the dialysis machine within 15 minutes of your appointment or shift time?	30.45%	25.47%
39. Peritoneal dialysis is dialysis given through the belly and is usually done at home. In the last 12 months, did either your kidney doctors or dialysis center staff talk to you about peritoneal dialysis?	43.33%	44.16%

I would like to close by saying it has been my honor and privilege to serve first as the Quality Director then Executive Director of Network 14 these many years. When I started there were 134 dialysis units and 7,000 patients in Texas. At the end of 2016 there were 616 dialysis units and 48,700 patients with continued growth constant. Collaborating with the volunteer Board of Directors, Medical Review Board and Patient Advisory Committee has been a wonderful experience, one of learning and respect, and primarily care and concern for the CKD patients in Texas. The Network has a strong staff team that is well prepared to continue this work well into the future and we are backed by our parent company Alliant Health Solutions as well as our “sister” Network 8. At this time recruitment efforts for the next Executive Director are ongoing. Would or someone you know make a great Executive Director to lead Network1 into the future? Apply [here](#).

Continued on page 3

Sustainability

More than half of the facilities in the ESRD Network of Texas are enrolled and participating in at least one Quality Improvement (QI) project this year with the Network. The other half of the facilities have most likely participated in a QI project with the Network in the last three years. Sustainability is a feature of QI projects that we discuss daily at the Network. Sustainability boils down to maintaining the gains or improvement after a project has ended. It means hardwiring changes in processes which were discovered as a result of participating in a QI project. It is never too early to think about sustainability during any phase of a project, whether it be the beginning, middle, or end. In fact, the beginning phase of a project is the most ideal place to start planning on sustainability.

The Network developed the following mnemonic to assist you in remembering the key steps in sustainability:

S	=	Standardize
U	=	Utilize
S	=	Share
T	=	Transparency
A	=	Accountability
I	=	Integration
N	=	Never go Back

Each Network QI project contains sustainability features that many of you have already been exposed to or are working on in the respective projects. We want to hear your lessons learned and stories with sustainability. If you have a story to share, please contact Javoszia Sterling, Outreach Coordinator, at the Network via email jestering@nw14.esrd.net or your Network project lead.

Remember to gain (improvement) you must SUSTAIN!

Grievance Focused Audit

The Network will be conducting monthly webinars for facilities' request for more in-depth educational strategies. Webinars will provide facility staff members' opportunities to give feedback and to ask questions of the Network staff. When possible, clinics will host webinars to provide insight to other clinics as to best practices and lessons learned because of past grievance. The monthly webinars have been phased in the following way:

- ◆ Motivational Interviewing: What is it? — April
- ◆ Helpful Resources — May
- ◆ The Difference Between Lost to Follow Up and Withdrawal from Care — June
- ◆ Motivational Interviewing: Treatment Times/Dry Weights—July
- ◆ How to complete Involuntary Discharge Paperwork—August
- ◆ Motivational Interviewing: Difficult Patients/Staff Members— September

Continuing Education Units (CEUs) will be provided when possible. All facility staff are encouraged to participate regardless of ability to gain CEUs. Additionally, the Network will highlight ICH-CAHPS results and opportunities for improvement in the professional Newsletter which is disseminated to all providers. It will also utilize ICH-CAHPS specific results in all grievance investigations directing facilities to identify a mentor facility with higher scores with which to partner in improving patient experience.

National Healthcare Safety Network (NHSN)

The NHSN is defined as the nation's most widely used healthcare associated infection tracking system. It was developed by the CDC and is a valuable tool that assists facilities in capturing, analyzing, and reporting infection data. Tracking infections can identify which patients are at risk or which part of a facility needs improvement. Three types of events are reported by users and are defined as follows:

IV antimicrobial start: Report **ALL** IC antibiotic and antifungal starts, regardless of reason for treatment (i.e., include IV antimicrobial starts unrelated to vascular access problems) and regardless of duration of treatment. There must be 21 or more days from the **end** of the first antimicrobial start to the **beginning** of the second IV antimicrobial start for two starts to be considered separate events.

Remember to ask your dialysis patients on a daily basis if they have been to the hospital or emergency room. Capturing this information will provide you with an opportunity to request needed hospital records in order to determine if they were evaluated for an infection and if lab work was drawn for a blood culture.

Positive Blood Cultures: Report **ALL** positive blood cultures collected as an outpatient or collected within 1 calendar day after a hospital admission, regardless of whether or not the patient received treatment. There must be 21 or more days between cultures for each blood culture to be considered a separate dialysis event, even if organisms are different.

Pus, redness, or increased swelling at the vascular access site: Report each new outpatient episode where the patient has one or more symptoms of these. There must be 21 or more days between the **onset** of a first episode and **onset** of a second episode.

Goals for Clinical and Safety Performance Measures

ESRD Network of Texas, Inc.
Medical Review Board Recommendations
Goals for Clinical and Safety Performance Measures/Quality Indicators
Calendar Year 2017/Payment Year 2019

ESRD Network of Texas endorses CMS Quality Incentive Program goals in lieu of setting additional Network-specific goals.

Clinical Performance Measures	Goals	Source
Kt/V Dialysis Adequacy (comprehensive) ⁺	97.74%	PY2019 QIP Benchmark
Hypercalcemia*	0.32%	PY2019 QIP Benchmark
Vascular Access – Arteriovenous Fistula (AVF)	≥ 68%	National CMS Goal
Vascular Access – Catheter ≥ 90 days*	< 10%	National CMS Goal
Standardized Readmission Ratio (SRR)*	0.624	PY2019 QIP Benchmark
Standardized Transfusion Ratio (STrR)*	0.421	PY2019 QIP Benchmark
NHSN Bloodstream Infection (BSI)*	0.00	PY2019 QIP Benchmark
ICH CAHPS – Nephrologists' Communication and Caring	77.06%	PY2019 QIP Benchmark
ICH CAHPS – Quality of Dialysis Center Care and Operations	71.21%	PY2019 QIP Benchmark
ICH CAHPS – Providing Information to Patients	85.55%	PY2019 QIP Benchmark
ICH CAHPS – Overall Rating of Nephrologists	76.57%	PY2019 QIP Benchmark
ICH CAHPS – Overall Rating of Dialysis Center Staff	77.42%	PY2019 QIP Benchmark
ICH CAHPS – Overall Rating of the Dialysis Facility	80.58%	PY2019 QIP Benchmark
Mortality, Hospitalization, Transplant	Facility is "As Expected" or "Better than Expected"	Dialysis Facility Report

⁺Denotes new measure for Calendar Year 2017

*On these measures, a lower rate indicates better performance

QIP Benchmark: 90th percentile of performance rates nationally during CY 2015

Patient Experience of Care – Bringing Voice to the ICH CAHPS Survey

Public reporting of patients' perceptions with their experiences of health care is here to stay. With the inclusion of the In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems Survey (more commonly referred to as ICH CAHPS) in the ESRD Quality Incentive Program (QIP), CMS has demonstrated their commitment and support of patient and family-centered care in dialysis centers across the nation. To raise the stakes, ICH CAHPS moved from a report-for-performance QIP measure to a pay-for performance QIP measure in payment year 2018 which is based on a facility's performance in calendar year 2016.

2017 marks the second year that Network 14 has partnered with a group of in-center hemodialysis facilities to get the most out of their ICH CAHPS survey results with a QI activity called "Be the Voice, Be The Change". In this project, the Network is collaborating with 26 Texas dialysis facilities to improve patient scores on the ICH CAHPS question that patients scored the worst which states, "In the last 12 months, did either your kidney doctor or dialysis center staff talk to you about peritoneal dialysis?". The best practice as reported from facilities in the project last year involved patient engagement in fulfilling project requirements, specifically involving the Facility Patient Representative (FPR) in planning and executing project activities.

Continued on page 7

Patient Experience of Care – Bringing Voice to the ICH CAHPS Survey

Continued from page 7

Although not required by the CMS contract with the Network, all facilities are encouraged to submit their ICH CAHPS results to the Network on a voluntary basis for assistance with interpretation of results, including identification and prioritization for improvement, action plan development, and trend analysis including disparities in care. With your permission and consent, the Network will work with you and your vendors in order to obtain the data, review and perform analyses, and guide you in the development of action plans to improve results. ICH CAHPS facility level results are confidential and will not be shared with others unless agreed upon by the dialysis facility leadership. This is a free service offered by the Network to all facilities. If you would like to participate, please contact Kelly Shipley, QI Director, at kshipley@nw14.esrd.net for more information.

Patient Engagement Activities within the Bloodstream Infection Quality Improvement Activity

This year the Bloodstream Infection QIA facilities were given an opportunity to implement a recent resource developed by the Centers for Disease Control (CDC) in collaboration with the American Association of Kidney Patients (AAKP) under the establishment of the Making Dialysis Safer for Patients Coalition. This is a special initiative designed to save patient lives by empowering both patients and dialysis care providers to drive down bloodstream infection rates within dialysis facilities.

The result was the CDC's Conversation Starter to Prevent Infections in Dialysis Patients. A number of patient focus groups offered patient input and practical insights on a variety of infection-related issues dialysis centers and patients confront on a daily basis. The most common and pressing concerns were used as the basis of the "Conversation Starter." It is a way for patients and family members to initiate a discussion with dialysis facility staff about steps the facility takes to prevent infections.

"Infection prevention and safe healthcare are our top priorities and patients play a critical role in both of these," said Dr. Priti Patel, medical director of the Making Dialysis Safer for Patients Coalition. "Patients should be informed of what CDC considers best hemodialysis practices to prevent infections and should feel empowered to ask healthcare providers as many questions as needed to better manage the safety of their care. That includes open discussions about hand hygiene practices, catheter care, and knowing the signs and symptoms of infection."

Conversation Starter to Prevent Infections in Dialysis Patients

Preventing infections is important for patient safety. The Centers for Disease Control and Prevention (CDC) wants dialysis patients and dialysis centers to start a conversation about preventing infections. Family members can also start the conversation. We hope this guide can be a starting point to improve awareness about patient safety issues.

How does this facility involve patients and their families in infection control activities? Are patients encouraged to speak up when they see a concerning practice (for example, a staff member who does not wash her hands)?

Dialysis centers should educate and empower patients to help prevent infections and support a safe care environment. Talk to your social worker or facility administrator for ideas on how you can get involved.

How does this facility make sure that all patients receive necessary vaccines to prevent illness (such as Hepatitis B, seasonal flu, and pneumococcal vaccines)?

Patients on dialysis have weakened immune systems and should get certain vaccines to keep from getting sick.

How does this facility make sure that dialysis center staff are vaccinated against the flu every year?

Sick staff members can spread the flu to patients. Requiring dialysis center staff to get vaccinated each year can help prevent this spread. Dialysis centers should also have policies that support staff to stay home when they are sick.

Does this facility check all patients for hepatitis C infection?

All hemodialysis patients should be tested for hepatitis C when they start treatment at a center, and then every 6 months if they could become infected. Testing is the only way to know if patients have hepatitis C and to find out if the infection is spreading in the facility.

Does this facility prepare medications in a separate room away from dialysis stations to avoid contamination?

Medications for injection should be prepared away from patient treatment areas to keep them safe from germs. One way to do this is to prepare them in a separate room. More information about injection safety can be found at: www.oneandonlycampaign.org/

CDC To learn more visit www.cdc.gov/dialysis **AAKP**

Continued on page 10

Patient Engagement Activities within the Bloodstream Infection Quality Improvement Activity

Continued from page 9

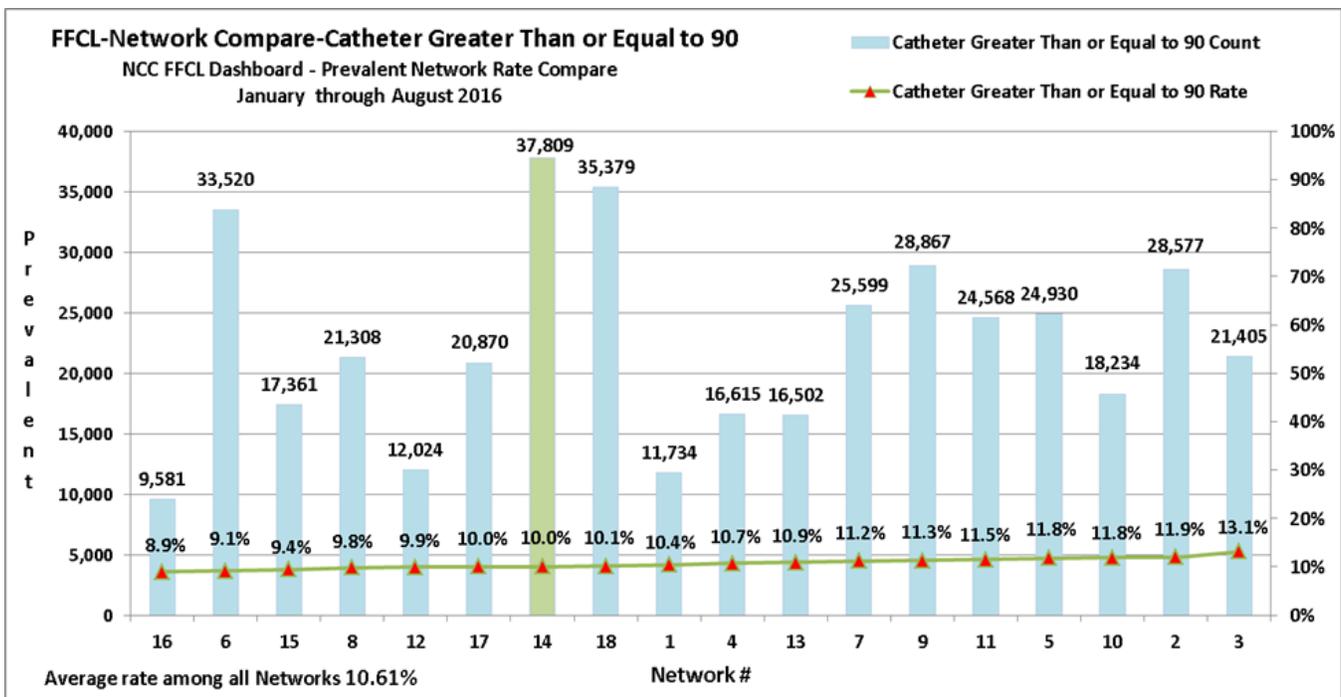
During March's National Patient Safety Awareness Week (3/12-3/18) facilities participating in the Network's Bloodstream Infection project were asked to share their facility's bloodstream infection (BSI) rates and other dialysis event rates with their patients using the CDC's Conversation Starter. They also utilized this interactive tool during April's Patient Experience Week (4/24-4/28) to discuss the facility's policy regarding the use of chlorhexidine or the alternative used with their patients. And on World Hand Hygiene Day (5/5), they used the Conversation Starter to share with patients important hand hygiene practices. Feedback from these initiatives has been promising with staff members reporting greater patient interest and willing to ask more questions about their care. Patients felt that using this tool helped them better understand the facility's protocol for infection prevention and were empowered to ask more questions.

The Network encourages all dialysis facilities to take a proactive approach to beginning this important discussion and educating their patients, patient family members, and employees about infection prevention by routinely distributing and using the Conversation Starter. It is important to keep the conversation going about preventing infections. Consider incorporating this tool into part of your facility's infection prevention efforts and to raise patient safety awareness.

For more information on the Making Dialysis Safer Coalition or to download a copy of the Conversation Starter to Prevent Infections in Dialysis Patients, visit www.esrdnetwork.org/infection-detection or <https://www.cdc.gov/dialysis/patient/conversation-starter.html>.

Vascular Access in ESRD

In January 2017, Network 14 launched the Catheter Operation Reduction & Elimination (CORE) Long Term Catheter (LTC) Quality Improvement Activity (QIA) for the current year. This project includes 240 facilities across Texas with long-term catheter rates of 10% or above. LTC rates are based on catheters that have been in place for 90 days or longer. CMS' national goal for long-term catheter rates for ESRD facilities is to have an average rate of 10% or less.



According to the National Coordinating Center (NCC) Fistula First Catheter Last (FFCL) Dashboard Prevalent Network Rate Compare report for January through August 2016, Network 14 ranked #7 among all 18 Networks with an average rate of 10% (see chart below). These rates ranged from as low as 8.9% to as high as 13.1% with an average of 10.61% for all 18 Networks. It is important to pay attention to these national rates because in comparison to other Networks about half of the facilities in Texas have LTC rates greater than 10%. Some of these rates in Texas are reaching 30% and even higher in some areas.

Continued on page 12

Vascular Access in ESRD

Continued from page 11

Considering that Network 14 has the highest number of patients with catheters than any other Network with 37,809 LTC patients as of August 2016, the percentage of LTCs is definitely alarming due to the risks associated with long-term catheters.

With this information in mind, the Network 14's CORE LTC QIA project aims to reduce long-term catheter rates in Texas by at least 3% points in 2017. This project focuses on a group of facilities with LTC rates greater than 10% with a main focusing on a sub-group of facilities with LTC rates of equal or greater than 15%. Interventions for these facilities have been tailored to each facility's and population-specific needs. The following are examples of some of the interventions that have been implemented within this group of focus facilities: Root Cause Analysis (RCA), Rapid Cycle Improvement (RCI), improvement plans, LTC Monthly Reports aimed at establishing goals and track monthly progress, monthly one-on-one coaching calls with the Network, collaborative site visits, and dissemination of tools and resources such as catheter reduction toolkits, staff and patient education materials, and a monthly vascular access newsletter titled "Vascular Access Matters". This monthly vascular access newsletter is aimed to impacting the hectic healthcare provider at the facility level by providing a couple of useful tools or resources per publication. Every month the newsletter is faxed and emailed to all facilities and it's also posted to the Network 14 website under the Professionals Tab, Managing Vascular Access section.

Since the LTC project was officially launched on January 20, 2017 and as of May 15, 2017, a total of 154 one-on-one coaching calls have been completed via the Appointment Plus app alone between the Network and the focus facilities and documented through an Access Database query. These calls will continue to occur until the end of the project which is scheduled to wrap-up at the end of September 2017.

Continued on page 13

Vascular Access in ESRD

Continued from page 12

As a result of this particular intervention, facilities have been able to communicate, identify and address specific barriers in collaboration with the Network and other ESRD providers. New efforts to improve processes outside the facilities have been implemented; including collaboration with hospitals, surgeons, and vascular access centers to expedite and initiate the vascular access process more promptly, even before the patient is admitted to an outpatient facility. A number of facilities have actually reported that more patients are being initiated on a permanent access plan before admission to an outpatient center. In a similar manner, a few facilities have noticed a slight increase in the number of admissions of new patients with a catheter and a permanent access already in place. Although it is hard to predict that these slight changes are an indicator of what's to come, it is encouraging to hear more successful stories simultaneously happening in different areas and dialysis providers across Texas. Perhaps these slight changes are the beginning stages of a long term driving force that will change the course of the vascular access culture in ESRD.

For more information on the Catheter Operation Reduction & Elimination (CORE) Long Term Catheter (LTC) Project, visit the ESRD Network of Texas' webpage Quality Improvement Activities section [here](#).

To access other tools and vascular access resources visit the Managing Vascular Access section under the Professionals tab [here](#).

CORE Long-Term Cather QIA Lead: Dany Anchia, RN, CDN, danchia@nw14.esrd.net

CMS Releases Dialysis Facility Compare Social Media Toolkits

On October 19, 2016, the Centers for Medicare & Medicaid Services (CMS) launched the refreshed Dialysis Facility Compare website, and is seeking your help in educating fellow healthcare professionals and their patients about the updated website and the available information on kidney care. In response to your feedback, CMS developed Spanish-language social media toolkits to encourage health care professionals, dialysis centers, patients, and their caregivers to use Dialysis Facility Compare as a valuable and reliable resource for information relevant to kidney care.

About Dialysis Facility Compare

Designed to help end-stage renal disease patients more easily access and understand information about dialysis facilities, Dialysis Facility Compare allows patients and caregivers to search for and compare centers. For patients already on dialysis, the website is a resource to help them understand the quality of care their dialysis center provides.

CMS calculates star ratings for Medicare-certified dialysis centers, with five stars as the highest rating. The star rating combines nine clinical quality measures of how well dialysis centers care for their patients and how often each center uses best practices to care for its patients and keep them healthy. For the first time, Dialysis Facility Compare is also reporting information from a nationally conducted survey about patients' experiences with dialysis facilities. The results, which range from topics such as staff communication to overall cleanliness, are not in dialysis facilities' star ratings at this time. For more information visit the Dialysis Facility Compare [website](#).

Continued on page 15

CMS Releases Dialysis Facility Compare Social Media Toolkits

Continued from page 14

How Can You Help?

To encourage healthcare professionals, dialysis centers and consumers to use Dialysis Facility Compare as a valuable and reliable resource for information relevant to kidney care, CMS developed stakeholder toolkits that include messages tailored to the needs of these key audiences within the end-stage renal disease community.

CMS encourages you to use and share the materials included in the toolkits with your peers and patients by:

- Sharing our sample Tweets and Facebook posts.
- Downloading and sharing our social media graphics.
- Including an article in your member newsletter.

If you would like CMS to send you a toolkit, please email CMSESRD@ketchum.com.

Thank you for your continued support in the fight against kidney disease!

CROWNWeb - Patient Address Data Entry

Have you ever received a notice from the Network 14 office requesting that you update a patient's address in CROWNWeb? Did you ask yourself why this is important, or why you needed to respond to this request? What can you do to reduce the number of notices?

CMS is notified when a new ESRD patient's CMS 2728 is entered into CROWNWeb. This notification prompts CMS to send information to the patient's home using data entered into CROWNWeb. When the address is rejected and returned to CMS as undeliverable, the Network and the patient's facility are required by CMS to obtain corrected information and update CROWNWeb.

When entering a patient's address into CROWNWeb, it is important that you meet the United States Postal Service (USPS) requirements. The USPS defines a complete address "as one that has all the address elements necessary to allow an exact match with the current Postal Service ZIP+4 and City State files to obtain the finest level of ZIP+4 and delivery point codes for the delivery address."

A standardized address is one that is fully spelled out, or abbreviated by using the USPS standard abbreviations (for more information go to <https://pe.usps.com/text/pub28/welcome.htm>). See example below.

**ABC Movers
1500 Anywhere Street, Ste 150
Lessons, TX 78432-0129**

Continued on page 17

CROWNWeb - Patient Address Data Entry

Continued from page 16

Each time you enter a patient into CW, take a few extra seconds to make sure the patient's contact information is correct. By doing so, you will reduce the number of notices you receive from the Network!

1. Determine if the mailing address (where the patient receives mail) is the same as the physical address. Enter the information in both address sections of CROWNWeb. Do not leave either section blank!
2. Does the address include an apartment number, trailer number, or lot number? Be sure to include the number AND "APT," "Trailer," or "Lot" in front of the number.
3. Is the street name spelled correctly? Is the address a rural route or county road? Be sure to spell these words out, do not use abbreviations.
4. Is the name of the city correct? Is it spelled correctly?
5. Is the zip code correct? If possible, add the 4-digit extension number.
6. Is there appropriate spacing in the address?

Encourage patients to notify you as soon as possible when their contact information changes. Be sure to update the patient's attestation page in CROWNWeb with their new address and phone number.

Updating Facility Personnel in CROWNWeb

Updating Facility Personnel in CROWNWeb

According to the CROWNWeb Data Management Guidelines, key staff personnel should be updated within 5 business days of staff changes. It's best practice that facilities review and update personnel twice a month (due to the high turnover rate). CMS along with the Network utilizes the personnel list in CROWNWeb to deliver important information to your facilities, so keeping it accurate is a must. If you need training on how to enter/update your personnel information in CROWNWeb at to MyCrownweb.org.



EMResource

DID YOU KNOW?

EMResource is a web-based communications and resource management program, which provides real-time information and resource identification during a medical emergency, mass casualty event or natural disaster. EMResource allows first responders, hospitals, public health workers and emergency managers access to concurrent dialysis capacity and capability throughout Texas.

Each Texas CMS certified dialysis facility and transplant unit is registered on EMResource. It is important to become familiar with EMResource before the next disaster strikes. To that end, the Network requires that each facility update their facility's statuses by the 8th of each month. An email reminder is sent to the facility's disaster contact person on the first of each month. If you have forgotten or lost your login credentials, or if you have not received an email reminder, please contact Jodi Rowland, Information Management Coordinator at jrowland@nw14.esrd.net.

During an emergency event, it is the responsibility of each facility:

- To use EMResource to update its vacancy data.
- To identify potential partners able to accept evacuees.
- To make resident-transfer arrangements with those partners.

Continued on page 20

EMResource

Continued from page 19

The Centers for Medicare & Medicaid Services released the Emergency Preparedness Requirements FINAL RULE on November 16, 2016. It established national emergency preparedness requirements for

Medicare and Medicaid participating providers and suppliers to plan adequately for both natural and man-made disasters,

and to coordinate with federal, state, tribal, regional, and local emergency preparedness systems.

It also ensures providers and suppliers are adequately prepared to meet the needs of patients, clients, and participants during disasters and emergency situations.

ARE YOU READY?

The four elements of the emergency preparedness program are:

1. Risk Assessment and Emergency Planning
2. Communication Plan
3. Policies and Procedures
4. Training and Testing

Continued on page 21

EMResource

Continued from page 20

Facilities are expected to meet all Training and Testing Requirements by the implementation date. Facilities are expected to have completed the following by November 15, 2017:

1. All of the staff training requirements.
2. Participation in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based exercise.
3. Conduct an additional exercise that may include, but is not limited to the following:
 - a. A second full-scale exercise that is individual, facility-based.
 - b. A tabletop exercise that includes a group discussion led by a facilitator, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.

Updated “Preparing for Emergencies: A Guide for People on Dialysis”

The Kidney Community Emergency Response (KCER) Program and the Centers for Medicare & Medicaid Services (CMS) are pleased to announce the updated “Preparing for Emergencies: A Guide for People on Dialysis” is now available! Subject matter expertise was essential in the development of this critical resource and was provided by representatives from the End Stage Renal Disease (ESRD) Networks, dialysis organizations, national renal organizations, renal clinicians of all disciplines, and the KCER Program. The time, effort, and dedication from all who assisted in the development of this booklet are greatly appreciated and reflective of the strong commitment within the ESRD community to both emergency preparedness and dialysis patients.

The updated guide is available on the KCER website at www.KCERCoalition.com/Patients

Annual Disaster Plan Checklist

- ✓ **Disaster plan.** Does your facility have an updated and current disaster plan for both medical and non-medical emergencies?
- ✓ **Staff training.** Is your staff being oriented to disaster plan annually? There should be written procedures in place for all hazards and staff must demonstrate the ability to follow and use the plan, as well as emergency equipment.
- ✓ **Facility roster.** Do you have a roster with all staff and physicians to be called in case of an emergency? The roster should be located at both the facility and at the administrator's home.
- ✓ **Staff assignments.** Has your facility assigned responsibilities to staff and does it maintain a list of assignments?
- ✓ **EMResource.** Has a staff member been trained and designated to update EMResource in an emergency?
- ✓ **Patient disaster preparedness.** Does your facility have written disaster instructions to give to all patients for obtaining emergency medical care, what to do in the case of a disaster, the emergency diet, and resources available in the event of a disaster?
- ✓ **Preparing patients for a disaster.** Are your patients trained annually on the disaster plan?
- ✓ **Purple wrist bands.** Have the purple wristbands been ordered for all of your patients?
- ✓ **Drills.** Does your facility conduct periodic mock drills to ensure that patients and staff are prepared?
- ✓ **Transfer agreements.** Does your facility have a transfer agreement with another dialysis facility and one or more local hospitals?
- ✓ **Notify utility companies.** Does your facility maintain a list of utility providers to notify annually of utility needs in a disaster situation?
- ✓ **Mechanical and technical support.** Does your facility have a generator or contract and maintain a list of providers and contact information for mechanical and technical support during an emergency situation?

Every element of this disaster checklist should be documented and visible when looking through your disaster plan packet.

ESRD Network 14 Staff Contacts

Do NOT Email Patient-specific Information. Fax Only.

<p style="text-align: center;"><u>CROWNWeb</u></p> <p>Sadé Brister P: 469-916-3805 Email: sbrister@nw14.esrd.net</p> <p>Robert Bain (NW8/NW14) P: 601-813-0742 Security Point of Contact Email: rbain@nw14.esrd.net</p> <p>Margo Clay (AHS) P: 919-532-0552 CROWNWeb Specialist Email: mclay@nw6.esrd.net</p>	<p style="text-align: center;"><u>Patient Services Department</u> <u>Grievances/IVDs/IVTs</u></p> <p>Rechelle Brown P: 469-916-3808 Email: rbrown@nw14.esrd.net</p> <p>Adalia Salazar P: 469-916-3817 Email: asalazar@nw14.esrd.net</p> <p>Nicole Newbill P: 469-916-3810 Email: dnewbill@nw14.esrd.net</p> <p><u>Patient Toll-free Number: 1-877-886-4435</u></p>
<p style="text-align: center;"><u>ICH CAHPS and Quality Incentive Program</u> <u>(QIP)</u></p> <p>Lydia Omogah P: 469-916-3802 Email: lomogah@nw14.esrd.net</p>	<p style="text-align: center;"><u>Healthcare-Acquired Infections Learning</u> <u>and Action Network (HAI LAN)</u></p> <p>Dany Anchia P: 469-916-3813 Email: danchia@nw14.esrd.net</p>
<p style="text-align: center;"><u>National Healthcare Safety Network</u> <u>(NHSN)</u></p> <p>Kelly Shipley P: 469-916-3803 Email: kshipley@nw14.esrd.net</p>	<p style="text-align: center;"><u>Patient Engagement and Disaster Planning</u></p> <p>Javoszia Sterling P: 469-916-3800 Email: jsterling@nw14.esrd.net</p>
<p style="text-align: center;"><u>Vascular Access Information</u></p> <p>Kelly Shipley P: 469-916-3803 Email: kshipley@nw14.esrd.net</p>	<p>Join us online at: www.esrdnetwork.org</p>
<p style="text-align: center;"><u>Administrative</u></p> <p>Glenda Harbert, Executive Director P: 469-916-3801 Email: gharbert@nw14.esrd.net</p> <p>Debbie O'Daniel, Office Manager P: 469-916-3804 Email: dodaniel@nw14.esrd.net</p>	<p>ESRD Network of Texas, Inc. 4099 McEwen Road, Suite 820 Dallas, TX 75244</p> <p>Email: info@nw14.esrd.net Patient Toll-free Number: 1-877-886-4435 Phone: 972-503-3215 Fax: 972-503-3219</p>

The ESRD Network of Texas, Inc. (ESRD Network 14) is under contract #HHSM-500-2017-NW014C with the Centers for Medicare & Medicaid Services, Baltimore, MD.